

MULTIPLE DEPENDENT CLAIMS FEE CALCULATION SHEET (FOR FEE SCHEDULE FORM FTO-875)						SERIAL NO.	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51
2							52
3							53
4							54
5							55
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42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	2						TOTAL IND.
TOTAL DEP.							TOTAL DEP.
TOTAL CLAIMS	20						TOTAL CLAIMS

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THIS IS USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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